

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 13 1944

State File No. 17380

Registration District No. 88

Primary Registration District No. 3006

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hour
In this community 84 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES BRIGHTBERRY BOWLING

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James D. Bowling 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased 7 - 7 - 1860 (Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Boone County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Banker

11. Industry or business

12. Name James D. Bowling

13. Birthplace Boone County Missouri (City, town, or county) (State or foreign country)

14. Maiden name Martha McAlester

15. Birthplace Boone County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant C.C. Bowling

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 5-14-44 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Barber Funeral Service

(b) Address Columbia, Mo.

19. (a) 5-13-44 (b) Edna H. Barber (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia (If outside city or town limits, write "RURAL")
(d) Street No. Mores Blvd. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 6 - 1944 to May 6 1944 that I last saw him alive on May 6 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic Duration ?

Due to 93A

Other conditions Arterio-sclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury

23. Signature Frank E. Dupleme (M. D. or other) May 7 1944 Address Columbia Mo Date signed

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-10-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed M. N. Whitfield

Licensed Embalmer No. 3893

P. O. Address Columbia n

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.